

								SERIAL	NO.			FILING	DATE		
1	MULTIPLE DEPENDENT CLAIM							09	52896		م اعام				
1	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								DO 5289			97.1.75		10/00	
		(FOR US	E WITH	FORM P	TO-875)	 _	CLAIN								
	AS	AS FILED		AFTER		AETED		15	*		1.				
-	IND.	DEP.	1st AME	DEP.	2nd AME IND.	NDMENT	l i		<u> </u>	T		1	ļ	1	
1	1	DEF.	1110.	DEF.	IND.	DEP.	i i	51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2							1	52	 - -		 	 	 	ļ	
3							1	53							
4	<u> </u>							54							
5		194						55							
6	-	184	ļ					56							
8		-	}					57			ļ				
9	 	 						58				ļ			
10	1	 	·	-				59							
11	1		 -					60			 				
12	1							61 62					<u> </u>	ļ	
13								63							
14								64			 				
15	<u> </u>							65							
16	ļ							66							
17	 							67							
18								68							
19 20	<u> </u>	 					-	69							
21	 						·	70							
22	<u> </u>				-		·	71 72							
23							ŀ	73							
24							Ì	74							
25								75							
26	ļ							76							
27							L	77							
28 29	-						-	78							
30	 -						H	79							
31	 						-	80							
32							t	82							
33							<u> </u>	83							
34								84							
35								85							
36								86							
37							Ĺ	87]					
38							-	88							
39 40							-	89							
41				-+	+		 	90							
42	-						+	91	-		-	 			
43							+	93							
44							<u> </u>	94			+				
45							r	95					-		
46							Ī	96				1			
47								97							
48							-	98							
-49 50							-	99							
TOTAL			 	\dashv			ļ.	100 OTAL	+						
IND.	9						יַן	ND.		1		1		1	
TOTAL DEP.	11						L	OTAL DEP.	·			_	•	<u> </u>	
TOTAL CLAIMS	13		I				[3	CLAIMS		3.		4 5		(A)	
PTO-1360	(3-78)		•	MAY BE (SED FOR	ADDITIO			AMEND	MENTS	U.S. DEP	ARTMEN	of COM	MERCE	

5.75